

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 11-JUL-2014		TIME 23:37:00		2. ADDRESS OF OCCURRENCE 1533 S CHRISTIANA AVE CHICAGO, IL 60623		3. LOCATION CODE 304		4. BEAT/OCCUR 1021										
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME KAHN		7. FIRST NAME BRETT K		8. STAR NO. 17785		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 702		12. HT. 193			
	14. DATE OF APPT. 01-AUG-2012		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 010 1065C		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
SUBJECT INFORMATION	20. LAST NAME SMITH		21. FIRST NAME JERMAH		22. M.I. Q		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE BLK		25. DOB 16-APR-1984		26. HT. 508		27. WT. 170			
	28. ADDRESS 1338 S MILLARD AVE CHICAGO, IL 60623				29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED MANIFESTS <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? AMB 83				34. BY WHOM? [REDACTED]		35. CONDITION <input type="checkbox"/> 01 Hospitalized <input checked="" type="checkbox"/> 02 Not Hospitalized		36. Accidentally Injured? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		37. Under Influence <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		38. Refused Medical Aid <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No					
	39. CHARGES PLICED 720 ILCS 5/24-1-A-1, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-3-A-2										37. CB NO. 18932825		IR NO. [REDACTED]		DNA <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ARMED RESISTER		ASSAULT/ASSAULT		ASSAULT BATTERY		ASSAULT BATTERY		ASSAULT BATTERY		ASSAULT BATTERY		ASSAULT BATTERY			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FIED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITHOUT WEAPON <input checked="" type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>		WEAPON <input type="checkbox"/>		OTHER <input type="checkbox"/>			
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		KICKS <input type="checkbox"/>		FIREARM <input type="checkbox"/>		OTHER <input type="checkbox"/>					
	ESCORTEE <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Stun) TASER (Laser Targeted) TASER (Spark Displayed) OTHER <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input checked="" type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>									
WEAPON DISCHARGE INCIDENT	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]										40. ADDITIONAL INFORMATION IMPACT WEAPON "ASP"							
	POSITION [REDACTED]		STAR NO. [REDACTED]		UNIT [REDACTED]													
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		42. SEMI-AUTO PISTOL <input type="checkbox"/> 03 CHEMICAL WEAPON <input type="checkbox"/> 04 TASER (Probe Discharge) <input type="checkbox"/> 05 OTHER		43. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		44. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial		45. WEATHER CONDITIONS CLEAR		46. WEATHER CONDITIONS CLEAR							
	47. TASER DART ID NO. [REDACTED]		48. WEAPON SERIAL NO. (Include Letters) [REDACTED]		49. CHICAGO GUN REG. NO. [REDACTED]		50. FIREARM OWNER ID. NO. [REDACTED]		51. HAZARD/IDENTIFICATION NO. [REDACTED]									
	52. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]		53. PROPERTY INVENTORY NO. [REDACTED]		54. TYPE OF AMMUNITION USED [REDACTED]		55. NO. OF WEAPONS DISCHARGED BY THIS MEMBER [REDACTED]		56. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]									
	57. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		58. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		59. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED [REDACTED]		60. HOW WAS MEMBER'S HANDGUN DRAWN? <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		61. HOW WAS MEMBER'S HANDGUN DRAWN? <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		62. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		63. DID MEMBER USE BIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
	64. HOW WAS MEMBER'S HANDGUN DRAWN? <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		66. DID MEMBER USE BIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
	67. DESCRIBE PROTECTIVE COVER USED (E.G. POLICE, DOORWAYS, CAR FURNITURE, ETC.) [REDACTED]		68. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-5 FT. <input type="checkbox"/> 02 5-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT.		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)													
	70. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		71. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0-5 FT. <input type="checkbox"/> 02 5-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT.		72. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)													
	CASE INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W.C./DIST. OF OCCUR. <input type="checkbox"/> OF COMMAND <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																
73. REPORTING MEMBER (Print Name) KAHN, BRETT K 12-JUL-2014 02:43:48										74. REVIEWING SUPERVISOR (Print Name) LARA, ILDEFONSO J 12-JUL-2014 03:39:46								
SIGNATURES	75. REPORTING MEMBER (Print Name) KAHN, BRETT K 12-JUL-2014 02:43:48										76. REVIEWING SUPERVISOR (Print Name) LARA, ILDEFONSO J 12-JUL-2014 03:39:46							
	77. REVIEWING SUPERVISOR (Print Name) LARA, ILDEFONSO J 12-JUL-2014 03:39:46										78. REVIEWING SUPERVISOR (Print Name) LARA, ILDEFONSO J 12-JUL-2014 03:39:46							

Log#1071320
ATT#23

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE RESTRICTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE AOS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL RESTRICTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHILE THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ OK

☒ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

Smith, after hearing his Constitutional Rights from R/L at 0050 Hrs., in a 10th District processing room holding cell, stated that he wanted to go home.

76. WATCH COMMANDER/OCIC RATIONALE FOR USE OF FORCE

Upon reviewing the officer's sworn report and interviewing subject Simmons, LISA (CB #189,2820), the member's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO. CRND _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GILTMIER, BETH A

SIGNATURE

[Redacted Signature]

DATE COMPLETED

TIME

12-JUL-2014 03:59:16

79. DISTRIBUTION OF ORIGINAL IRR

A IRR PACKET, INCLUDING THE IRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF

CASE REPORT

ARREST REPORT

☐ SUPPLEMENTARY REPORT

☒ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ OR INDICATION REPORT

80. TOTAL IRRs THIS EVENT No

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